DOCUMENT RESUME

ED 297 877 PS 017 513

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TITLE A Developmental Pediatrician's Experience with Four-Year-Olds in Schools: A Suggested Approach to Common Problems.
PUB DATE Jun 87
NOTE 6p.; In: The Lipman Papers: Appropriate Programs for Four-Year-Olds; see PS 017 508.
PUB TYPE Viewpoints (120) -- Guides - Non-Classroom Use (055) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Behavior Problems; Guidelines; *High Risk Persons; *Individual Characteristics; *Individual Development; *Intervention; *Preschool Children; *Referral; Teacher Role
IDENTIFIERS *Developmental Evaluation Services for Children

ABSTRACT

Presented is a clinically derived framework for thinking about young children that deals primarily with one child at a time and with adults who are important to the child. The focus of the discussion is on ways in which an individual 4-year-old appears, behaves, and gets along or has trouble in a group of peers. It is suggested that teachers have a vitally important opportunity to recognize those children whose development may be in jeopardy and facilitate the timely provision of help. Topics addressed include: (1) ten relevant dimensions of development, including physical health and growth, motor development and activity, emotions and their expression, verbal and nonverbal communication, intellectual development, relationships with others, self-regulation and self-esteem, capacity to play, coping abilities, and reasonable compliance with appropriate adults. Common troublesome behaviors are listed, as are questions that influence decisions about referral of children for additional services. Concluding discussion offers guidelines for working with parents and the referral process. (RH)

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A Developmental Pediatrician's Experience with Four-Year-Olds in Schools: A Suggested Approach to Common Problems

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This presenter focuses on several areas of development and of functioning that have proven to be useful in the assessment of individual children and are familiar to teachers of young children. The emphasis is on the child's abilities as well as problems and on a process whereby decisions can be made regarding the special needs of four-year-olds whose behavior worries their teachers.

The material to follow is derived primarily from my work over the past 35 years or so with young children and their parents in the setting of a developmental and mental health clinic in the Yale Child Study Center and from work with early childhood educators in nursery school, day care and therapeutic nursery school settings. I have always been grateful that my training as a pediatrician specializing in child development and behavior included experience as an assistant teacher in a nursery school, because of the education I received from the children and the teachers during those interesting, enjoyable and strenuous times. I have also been privileged to work closely with teachers of young children as a colleague and consultant for many years. The experience I share comes from many exchanges with teachers, both about discussions of developmental and behavioral issues in general and about the problems of individual children. Among the commonly encountered questions and concerns are those that deal with how best to serve the child who is "different" in some ways from his healthy peers; how to recognize a child's need for special help within or outside the school setting; how to go about communicating with parents in regard to one's concerns about their child; and how much can be done in the school setting to alleviate the child's problems. I believe that issues of this kind are becoming more prominent for two reasons: one is that schools are being asked increasingly to include in their preschool group, children with developmental disabilities and other identified educational handicaps; a second is that the concept of early education extending downward from Head Start is now correctly seen as a very important part of preserving and enhancing the development of disadvantaged children and those at risk due to adverse psychosocial influences in their environments. So it behooves us, I think, to consider in particular how to plan for children whose needs go beyond those variations we ordinarily expect in any group of peers. What happens to them in our early intervention programs and early education programs, I believe, will be of great importance in the success or failure of later educational efforts.

There are many areas in which the interests of educators and of child development clinicians overlap. These are in part the shared understanding of normal development -- its characteristics, tasks and phases. But even more, I believe, we share concern about the definition and recognition of departures from healthy development, of which learning is an essential part.

The center of most of the understanding of children that each of us brings to our daily work is state of the art knowledge of development, behavior and learning compiled from many sources: from generations of living with children at home, at school and elsewhere; from studies of healthy children reared in nurturing environments; from children who suffer from physical and mental handicaps either inborn or acquired; from children living in environments that are inadequate or frankly damaging. The experience in the practice of our separate professions as early childhood specialists and the theories of development and the philosophies we prefer, of course, shape our individual approaches to understanding children and to developing programs and therapies directed at alleviating problems. There is much in education that is therapeutic just as there are many instances in which it is appropriate for therapists of young children to use educational methods.

What I shall present to you as a framework for thinking about young children is admittedly from a clinical perspective that deals primarily with one child at a time and the adults who are important to him. How an individual four-year-old appears, behaves, gets along or has trouble in a group of peers, however, is

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my focus. What I will propose is that teachers have a vitally important opportunity to recognize those children whose development may be in jeopardy and to facilitate their having the necessary help as soon as the need can be identified. And I know that a process of child observation, assessment and communication with parents such as the one to be described is both feasible and effective.

I have chosen, in discussing problems of development and behavior that typically come to the attention of teachers in early childhood programs, to avoid medical diagnoses such as cerebral palsy, mental retardation, behavior disorder, attention deficit disorder and the like. Instead, I shall focus on several areas of development and of functioning that have proven to be useful in the assessment of individual children and are familiar to teachers of young children. My emphasis is on the child's abilities as well as on problems and on a process whereby decisions can be made regarding the special needs of four-year-olds whose behavior worries their teachers. The material to follow includes a discussion of (1) relevant dimensions of development; (2) common troublesome behavior of four-year-olds; (3) working with parents; (4) questions that influence decisions about referral; and (5) the process of referral.

Relevant Dimensions of Development

We know and relate to the child as a whole person and that is as it should be. But we also find that we need to look at a number of different aspects of development, to take him apart so to speak, in order to sharpen our awareness of how best to understand and characterize him. The annotated list to follow is not exhaustive; other domains might be added or substituted. Each of you will have developed your own preferred areas of observation and assessment of child behavior. I cannot emphasize too strongly my belief in the importance of teachers' observations as a basis of knowing and planning for each child. My preference for the dimensions listed below is that they make sense to clinicians and parents and teachers. They are part of the vocabulary we all use in speaking of children. Basically, we look at the child against the background of what is expectable developmental behavior for his age. When delays or deviations are noted or when a child is strikingly different from his peers, or when he begins to change markedly for the worse when compared with himself, there is usually cause for concern.

In each of the ten dimensions listed below, a few sample question are given. You can no doubt expand these with your own questions.

1. <u>Physical Health and Growth</u>
   What is the child's state of general health? Is he growing normally? Is he often ill? Is he well nourished? Are there signs of visual or hearing difficulty? Is he accident-prone at school? How does he react to injuries or illness?

2. <u>Motor Development and Activity</u>
   What motor skills has the child acquired? What can be said about coordination? Are there big discrepancies between gross and fine motor abilities? How active is the child motorically? Would you consider him overactive? Unusually underactive? Inhibited?

3. <u>Feelings (Emotions) and Their Expression</u>
   How does the child show his feelings? Can you recognize when he is pleased, displeased, angry, sad, fearful, joyful, excited, etc.? Does there appear to be an expectable range of emotions? What about intensity? Does he try to let you know how he feels? Does he have words to apply to his feelings and those of others? Do you see signs of awareness of how others feel?

4. <u>Communication - Verbal and Non-verbal</u>
   How well does the child speak? Is speech easily understandable? If not, can you specify the type of difficulty? How about size of vocabulary? Use of pronouns? Use of modifiers? Syntax? Does the child seem to hear and to understand the speech of others? Can he follow verbal directions? What gestural language and other unspokencommunication is available to him? How and when does he use it?

5. <u>Intellectual Development</u>
   How does the child show his awareness and understanding of his human and material world?

Are there areas in which learning seems to lag? Are there differences in his "practical" intelligence and his use of conventional school materials?

6. **Relationships with Others**
How does the child interact with teachers, parents, and other children? What social skills does he display? Does he have a friend? How does he adapt to the school group? Does he speak of home/parents/other family?

7. **Self-Regulation and Self-Esteem**
How much ability does the child have in regulating his own behavior (bowel and bladder function, eating, sleeping, control of aggression, etc.)? How does he seem to feel about himself? How much self-confidence doeshe show and in what areas?

8. **Capacity to Play**
A child who cannot play is a child in trouble. Knowing the child through his capacity (or the lack of it) to play is a basic requirement not only of early childhood educators but also of child psychiatrists and other child psychotherapists. It is perhaps the largest window into the inner life of the child available to us. So we ask: What does the child play? What imagination can be recognized? What worries, fears, and conflicts become apparent? What feelings of joy and pleasure are expressed? What dramatic themes and roles are played out and how? What level of intelligence is revealed? Does play help with problem solving and relief of tension? How well does the child play with other children?

9. **Coping Abilities**
How does the child react to and attempt to cope with stress? What strategies is he able to mobilize to handle disappointment, fearfulness, physical discomfort, an attack from another child, etc.? When do the coping efforts appear to be successful? When do they fail, even after a good try? When does the child simply seem overwhelmed by his feelings or a particular situation?

10. **Reasonable Compliance wth Appropriate Adult**
(Parent and Teacher) Requirements Is this four-year-old one that can comply with requests from the teacher and follow the rules a good part of the time, even though reminders are needed? Can he defer what he would most like to do if there is a reasonable explanation from the teacher? Does he have enough trust in the benevolence and fairness of this teacher that he can stay in control of his behavior most of the time? Is he excessively complaining, afraid to object or resist or, on the other hand, does he resist and exceed reasonable limits frequently?

Over a period of weeks or months one has an opportunity to know a child, how he is developing, how he changes or remains the same, what aspects of development proceed apace, what functions lag behind. You will have information from interviews and informal exchanges with parents, as well as your observations of the child and of the child with his parents and perhaps other family members. These are often supplemented (with parental permission) by information from physicians, nurses and others who have contact with child and family. At any one point you can ask three productive questions of your cumulative data.

What does the child do? What skill has he acquired? What is his level of competence in respect to motor development or speech or problem-solving? What are his social skills and play skills? How does he cope with stress? How does he express his feelings?

How does the child make use of his capacities and skills? The answer to this second question tells much about the adequacy of his adaptation to the opportunities, challenges and demands of his everyday life. Again, a number of questions can be posed. Does he use his skills for (1) the sheer pleasure of the activity? (2) to obtain something he wants? (3) to avoid a potential painful or uncomfortable encounter or danger? (4) to master a new situation or task? (5) to communicate his ideas, fantasies or feelings to another person? (6) to seek help or comfort when he needs it? (7) to establish, elaborate or renew his relationship to another child or adult? These answers can be looked at for what they might reveal about the child's general development; they also help to define his individual style and personality.

What are the parents' attitudes toward and characterizations of the child? In what respects are they similar to your own? In what way dissimilar? If they are markedly dissimilar, do they reflect great variability in the child's home and school behavior? What might account for the differences?

Common Troublesome Behaviors

It may be useful to list, here, a few of the most frequently encountered behaviors that in my experience are likely to arouse concern in teachers and parents. They are generally conspicuous and often noisy. If more than transient, any one of them is likely to indicate the child's need for special attention.

1. Problems of activity; e.g. hyperactivity or extreme passivity.
2. Intractable separation problem.
3. Avoidance of social contact.
4. Problems in control of aggressive behavior.
5. Soiling or wetting.
6. Excessive masturbation.
7. Involving others in sex play.
8. Excessive need for pacifier, bottle, thumb or transitional object.
9. Extremes of emotional expression: giddiness, excitability, sadness, frequent crying, severe anxiety, depression.
10. Peculiar or stereotyped body movements (hand flapping, unusual postures, twirling).

Clearly, as is true of the developmental dimensions, judgments about some of the above are dependent upon your knowledge of four-year-olds and what behavior is considered "normal" or not "excessive" or "extreme." For the most part, these behaviors, if persistent, will arouse concern in parents and pediatricians as well as in teachers.

Questions that Influence Decisions About Referral for Additional Services

1. Does the problem distress the child (cause psychological pain)?
2. Are the child's parents aware of and worried about the aspect of development or behavior you have identified as deviant or questionable?
3. Does the behavior or developmental disability interfere with the child's use of the school program? In what way?
4. Is the problem one that you expect might interfere with his development and learning in the near or distant future?
5. Does the problem interfere substantially with his social development?
6. Does the child's problem make it difficult or impossible for other children to benefit from the program?
7. Has the problem existed over a period of weeks or months?
8. Is there a developmental or situational crisis in the child's life?

Working with Parents

There is considerable difference among educational programs for young children in their practices regarding contact with parents. These practices are determined in part by the way in which the school's role is defined, in part by parents' expectations and wishes, and in part by the degree of comfort teachers have in interviewing and in counseling parents.

The amount of information about child and family requested as a part of an application and admissions procedure varies from one school to another as does the frequency of planned conferences between directors or teachers and parents, the amount of informal contact around arrival and departure, group meetings with parents, etc. Communication is facilitated, of course, when parents feel welcome in the school setting and know enough about the school and the teachers to approve of it as a place for their child. The continuing exchange of information between parents and teachers and the knowledge that goals for the child's development and education are shared goals help to create an atmosphere of mutual respect in which a partnership is developed between teachers and parents in the child's behalf. In such an atmosphere, the

teacher's sharing concerns about the child with the parent becomes easier, though it is difficult for parents to discuss their child's problems and their own feelings about these problems.

When there has been minimal contact between teacher and parents, when little information has been exchanged it becomes more difficult to decide how best to proceed when teachers are concerned about a child. In general, even when communication between parents and teachers is reasonably good there are (1) parents who are concerned about their child and share that concern with you; their concerns may or may not coincide with your own; (2) parents who are concerned (you learn later) but have not mentioned it; (3) parents who are surprised, dismayed, upset or angry when you describe your concern or raise questions about their child.

It is well to keep in mind that many if not most parents have mixed feelings about sending their young children to school. Some are afraid of teachers or authority figures out of their own past. Even when they are strongly positive and convinced of the school's benefits, they may feel quite vulnerable and anxious if things do not go perfectly. These concerns are heightened if their child is one with special needs. It is important to keep their sensitivity in mind.

On Referral: Preparation and Process

As a result of your contact with the child you may have identified some kind of developmental or behavioral difficulty and will have had an opportunity to work with him for a time. If not satisfied with the current picture, you will expect to talk with the parents, sharing your concerns and inviting information from them. Depending on the duration of the behavior and the parents' reaction to it, you and they may decide to work together on it for a time or you may want to suggest that they talk to their child's physician or other counselor about the problem. At their request or with their permission you may provide the physician or other clinician with the information about the child in school that will facilitate further evaluation. When the problem is more difficult or if it fails to yield to the above, referral to a person or a facility geared to the diagnosis and management of developmental and behavioral problem is usually indicated. An alternative step is, with parental permission, the utilization of a consultant who sees the child in the school setting. Some schools are fortunate enough to have such consultants available, but most do not. If you are instrumental in helping parents see the need for further help, you will want to have some information at least about local and regional resources. Having obtained such information you can pass it on to parents including how they might make contact with the person or clinic they choose. Whether you go beyond that communication to describe what the study in a particular place is like will have to be determined in each individual instance. It is always helpful to a clinic or other consultative resource to receive information from a child's teachers. Some parents are quite willing to give permission for an exchange of information. Others prefer to keep the school and clinic contacts quite separate or may wish to have only certain kinds of information exchanged and one must respect the parents' wishes. Not all of the information that is part of an evaluation by a mental health clinic, for example, is wanted or needed by the child's school. If exchange of information is possible, you are likely to get more useful information back from the clinic if in your referral you provide information that includes what your concerns are about the child; what data you have that illustrates or has given rise to those concerns; in what way an evaluation might assist you in your work with the child; what specific questions you have which, if answered, could be translated by you into specific recommendations about the program for this child in school (content, emphasis, etc.)